

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79683

1. Entity Name

ACXESS SERVICES, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90007 041 ***150.00

Principal Place of Business

309 LAGRANGE AVE.
P.O. BOX 6528
TITUSVILLE FL 32782-6528
US

Mailing Address

309 LAGRANGE AVE.
P.O. BOX 6528
TITUSVILLE FL 32782-6528
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3011922

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRY NIX
3614 TODD LN
MILLS FL 32754

Mims

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NIX, TERRY L.**
STREET ADDRESS **309 LAGRANGE AVE.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **VP** ☐ Delete
NAME **GELL, KIMBERLY**
STREET ADDRESS **3401 TARRAGON ST**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **S** ☒ Delete
NAME **NIX, DEBORAH A**
STREET ADDRESS **309 LAGRANGE AVE.**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Secretary Kimberly Gell**
STREET ADDRESS **3401 Tarragon St**
CITY-ST-ZIP **Cocoa, FL 32926**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly Gell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-00 321-2169-3440

Date

Daytime Phone #

CR2E034 (5/00)